Section 4:

Special Features

Section 4: Special Features

About the Special Features in Section 4

The special features in Section 4 were provided by the program partnersof the Comprehensive Community Mental Health Services Program for Children and Their Families specifically for the use of system of care (SOC) communities. The partners provide technical assistance in program development and implementation; cultural and linguistic competence; evaluation; family-driven, youth-guided, and community-based program competency; and social marketing. Included in this section are outreach tip sheets and other materials to help you initiate or enhance partnerships with key groups, including families, mental health and primary care providers, educators, legislators, policymakers, and child welfare system professionals. In addition, you will find tip sheets that offer advice on public speaking, use of data, and other skills. We hope that you will find these materials useful not only in planning your National Children's Mental Health Awareness Day activities, but in planning and implementing outreach throughout the year.

The chart below lists the contents of Section 4, as well as some suggested uses for each item:

Item	Partner	Suggested Uses
1. Your State's Mental Health Agency: A Powerful Partner for Your System of Care Community	National Association of State Mental Health Program Directors	• Start or build relationships/ partnerships with State-level policymakers • Tips for communicating with State mental health agencies and providing the information they need
2. Expanding Partnerships With Families	Technical Assistance Partnership/ Federation of Families for Children's Mental Health	• Ideas for inviting participation from both traditional and nontraditional families in your SOC community • Tips for interaction between families and policy groups
3. Involving Families in Policy Group Work	Federation of Families for Children's Mental Health	• Explains the role of policy workgroups within SOC communities • Tips for encouraging families to participate in policymaking activities
4. Youth Involvement in Systems of Care	Technical Assistance Partnership	• Tips for engaging and involving youth in your SOC community • Unique "Ladder of Involvement" as a metaphor for youth's acceptance of outreach and engagement
5. Mental Health Within Systems of Care	Technical Assistance Partnership	• Tips for engaging mental health providers in your SOC community • Presents a case for SOC communities' family-driven, youth-guided services and supports

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Item	Partner	Suggested Uses
6. Education and Systems of Care	Technical Assistance Partnership	• Tips for engaging educators in your SOC community • Meaningful, step-by-step guidelines to involve educators as partners
7. Working With Families of Children in Need of Mental Health Support: A Tip Sheet for Principals and Building Administrators	Federation of Families for Children's Mental Health	• A pass-along guide for SOC communities to share with principals and school administrators • Helps educators engage families of children with mental health needs in school activities and educational planning
8. Child Welfare Within Systems of Care	Technical Assistance Partnership/ Federation of Families for Children's Mental Health	• Tips to share with the child welfare system in identifying potential candidates for intake to your SOC community • Demonstrates the benefits of SOC communities' family-driven, youth-guided services and supports to the child welfare system
9. Primary Care and Systems of Care	Technical Assistance Partnership	• Tips on involving primary care providers in the identification of children and youth with mental health needs • Provides insight to the overlap between physical and mental health
10. Meeting With Elected Officials	Federation of Families for Children's Mental Health	• Tips on enlisting the support of legislators as partners for SOC communities • Offers advice on delivering a clear, concise message in a limited amount of time
11. Preparing Public Testimony	Federation of Families for Children's Mental Health	• Step-by-step guide to speaking before elected officials and policymakers • Puts in practice the tips offered by Public Speaking Tip Sheet in Section 2

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Item	Partner	Suggested Uses
12. About Storytelling	National Indian Child Welfare Association	• Tips for using stories and allegory to make your point • Especially useful for organizations serving Tribal communities; applicable to anyone making speeches
13. The Power of Data: Tips for Creating Powerful Data Presentations	ORC Macro	• Tips on using statistics and other data to support your key message points • Useful advice for creating powerful graphics in support of your outreach efforts to families, educators, primary care and mental health providers, legislators, and other key groups

NASMHPD National Association of State Mental Health Program Directors
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Your State's Mental Health Agency: A Powerful Partner for Your System of Care Community

The offices of State and community mental health program directors are some of the most important partners that a system of care community can have, especially on State-level policies that might affect sustainability. Often, system of care communities have strong relationships with these offices from the beginning, but that is not always the case. Some communities establish these relationships after they have received Federal funding. In either situation, the following tips should help your system of care community as it engages your State's mental health agency for National Children's Mental Health Awareness Day and beyond.

Show Outcomes Whenever Possible—Good intentions and a positive attitude will start things out on the right foot, but showing positive outcomes or the potential for positive outcomes is a key factor in the state mental health program director's decision to partner with you. A great place to start is your evaluation data. Some of the things you might want to show is how your system of care benefits children, youth, families, community partners, and if possible, the state mental health agency itself. If your evaluation data are not yet available, other outcomes information you can share include key facts from national evaluation data; success stories or case studies involving local children, youth, families, and community partners; "external" research from reputable publications; and outcomes from similar events or initiatives in the past.

Stay Engaged With Your State Mental Health Program Offices—After you have gotten your foot in the door with your state mental health agency, be sure to keep the door open by staying engaged. You can do this by requesting and attending regular meetings with this office; participating in state-level workgroups and committees; developing joint initiatives; and sharing new communications materials, program successes, or other relevant information with your state office contact.

Anticipate and Prepare for Obstacles That Could Potentially Derail Your Efforts—You are likely to encounter obstacles that could potentially derail your partnership, so it is crucial that you anticipate these obstacles and have solutions for resolving them *before* they come up. Funding is a common obstacle that state mental health program directors encounter when considering new partnerships—especially event partnerships. Your team should brainstorm ideas on how the state mental health agency could participate at little or no cost. Some ideas include asking mental health program directors to speak, lead trainings, or serve as part of an advisory team.

Speak With One Voice—Once you have an open door with your state mental health agency and have worked through all the obstacles to your partnership, there is still more to do. It is important that you and your state mental health agency identify common issues, messages, and tactics that you agree on, and then communicate them in the same voice. This helps make your event more "seamless" to others and strengthens future work, especially when it involves informing State-level mental health policy decisions.

Revised Document

Technical Assistance Partnership for Child and Family Mental Health

MARCH 2005

EXPANDING PARTNERSHIPS WITH FAMILIES

As system of care communities emerge across the Nation, the role of families becomes increasingly important for the success and sustainability of those communities. Family involvement helps ensure that the services and supports made available—as well as how those services and supports are offered—are relevant to the quality of life for children and youth with serious mental health needs and their families. Equally important, family involvement helps nurture an environment that produces strong and effective relationships among all system of care partners.

Family involvement has been at the heart of system of care values since they were first conceived, but recently this core value took on national significance when it was given a major endorsement by the President's New Freedom Commission on Mental Health. In its report to the President, the Commission outlines several goals, which, when achieved, will yield a "future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports." In particular, one of these goals is that mental health care is consumer- and family-driven.

The following shows the roles that families are developing and system partners are supporting in:

- Outreach, support, and education;
- Family networking and organizing;
- Service delivery, training, and evaluation;
- Leadership and governance;
- Public information and social marketing; and
- Policy initiatives for systems change.

Outreach, Support, and Education

The benefits of having families play a substantive role in outreach, support, and education are numerous for the families themselves and for the system of care community. Families can participate meaningfully in a system of care, especially as a first point of contact for others needing supports and services, by:

- Building trusting environments to communicate and to support one another through group meetings, educational forums, social events, etc.;
- Serving as contractors to system of care communities to provide outreach, support, and education services;
- Creating ways (calling trees, listservs, chat rooms, newsletters, etc.) for families to connect with each other for information;
- Sponsoring conferences and summits;
- Designing and delivering workshops; and
- Participating as faculty in higher education institutions.

Family Networking and Organizing

When families are well networked and organized, they become a strong voice for positive systems change in their communities. Recognizing this, States, tribes, territories, and communities are supporting families as they form their own independent, family-run organizations. These organizations, governed by the families themselves, are incorporated as autonomous groups and employ families to work within the system of care and to inform systems reform in their areas.

Specifically, family-run organizations have become instrumental in:

- Developing family networks;
- Promoting systems changes and sustaining system of care efforts;

- Working throughout the community and sharing their knowledge about resources;
- Sharing family perspectives on system performance;
- Using skills that can only result from understanding the experiences of families;
- Developing relationships between families in the system of care and agencies that provide services and supports to them; and
- Creating tools families need to advocate for improvements to the systems that serve children and youth with mental health needs.

Service Delivery, Training and Evaluation

As families become empowered in systems of care, they are taking on roles as service and support providers, advocates, trainers, and evaluators for their systems of care. The "real-world" experience families have in helping children and youth with serious mental health needs and their diverse cultures and backgrounds make them highly qualified for these and other service delivery, training and evaluation positions. At the same time, families' real-world experience is beneficial to a system of care community because their personal and professional search for resources and supports across all life domains results in an abundance of information that is valuable to other families in similar circumstances. As a result, families are:

- Facilitating the interaction between child-serving agencies in systems of care;
- Serving as outreach workers, peer support specialists, advocates, trainers, evaluators, executive directors, care coordinators, researchers, etc.;
- Acting as partners or advocates who support other families through care planning processes, individualized education planning, and meetings;
- Connecting other families to resources that assist with court hearings, applying for Medicaid, obtaining food stamps, finding legal assistance, etc.;
- Providing training and guidance to families and their system of care partners on best practices, family and professional partnerships, navigating the child service systems, etc.;
- Serving as contractors to develop curricula and being co-trainers;
- Formulating evaluation models;
- Implementing service satisfaction surveys; and
- Working with researchers to make evaluation and other system of care-related data more relevant, understandable, and useful.

Leadership and Governance

Family participation in State and local leadership and governance is important if systems change is to be meaningful, sustained, and as effective as it can be.

Many States, tribes, territories and communities with systems of care are providing ongoing support and resources to nurture family leadership and to sustain family involvement on a variety of planning and decision-making groups.

Some of the leadership and governance groups families are serving on include:

- Governance bodies established through state legislation or by special appointment;
- Community mental health boards;
- System of care governance infrastructures;
- Grassroots advocacy coalitions;
- Community resource teams;
- Task forces;
- State planning bodies;
- Legislative committees; and
- Monitoring groups.

Public Information and Social Marketing

Combining the personal stories of families with system of care evaluation data leads to highly influential messages that can be used to educate local leaders and promote systems change. Therefore, families are often asked to partner with systems of care to:

- Develop brochures and videos that invite participation from families and stakeholders, as well as describe system of care initiatives;

- Use the arts to educate children, youth, and families on mental health and systems of care, as well as to showcase a community's cultural diversity; and
- Sponsor testimonial events and letter-writing campaigns.

Policy Initiatives for Systems change

With the support of family organizations, family members are effective policymakers and leaders. Because of their actual experience receiving services and supports, family members add integrity to policy decisions that no one else can add. In addition, by including family members in policy decisions regarding systems change, policy groups add diversity that ensures decisions are fully informed and are publicly responsible.

Some of the successful policy initiatives that families have been part of include:

- Legislation establishing system of care practices;
- The establishment of interagency agreements and the acquisition of appropriations to support interagency efforts;
- The institution of cultural competence standards for contracts;
- Legislation returning youth from out-of-State placement to their home State, and legislation stopping custody relinquishment as an exchange for services; and
- Service definition for Medicaid waivers.

Federation of Families for Children's Mental Health

Involving Families in Policy Group Work

This Tip Sheet offers guidance for involving family members in the work of mental health policy groups. It provides a definition of "family member" and briefly describes the context for family involvement in policy group work. It contains strategies for recruiting family members to join policy groups, training and supporting family members to do the work, and sustaining their participation over time.

Definition of Family Member

A child's family is the group of individuals who support that child - emotionally, physically, and financially. It can include individuals of various ages who are biologically related, related by marriage, or not related at all.

A family unconditionally provides love, guidance, care, support, and otherwise nurtures all members, especially its children. Each family has a culture of its own - in addition to the external cultures it affiliates with. This influences how the family approaches the tasks of daily living (food, dress, work, school) and can direct how a family faces the challenges of raising a child with mental health needs. Families work in different ways and have different resources at their disposal.

Context

Mental health policy groups are made up of individuals who are expected to speak with authority and make recommendations based on their experience and knowledge. Many mental health policy groups, such as State Mental Health Planning & Advisory Councils, are required to include family members of children who are served by the agency or program.

Policy Groups leaders work hard to maintain continuity, cohesion, and focus in the face of changing membership (family and others) and shifts in the political climate or economic environment. Bringing new members on board and up to speed is an ongoing activity.

Family members contribute integrity to policy group work by providing reality-based, culturally relevant information from a perspective that no one else has. Yet, policy group leaders struggle to find family members who are willing and able to make such a commitment and sustain their involvement over time.

Recruiting Family Members for Policy Groups

States and their Mental Health Policy Groups can reach out to families in a variety of ways. Indirect methods for reaching families include contacting existing state and local agencies, groups or associations that support the mission of the policy group. Examples of this approach include family organizations like chapters of the Federation of Families for Children's Mental Health, parent support groups, mental health providers, children's mental health advocacy organizations, and schools. More direct methods for establishing connections with families include sponsoring and/or attending conferences, forums or public discussions concerning children's mental health. Hosting public gatherings that create awareness of the policy group's purpose and achievements can also attract families.

Once a link has been established with families, a representative of the policy group should meet with them to:

- ✓ Explore common hopes and concern
- ✓ Explain the purpose of the policy group
- ✓ Share the group's accomplishments
- ✓ Discuss the family's interest in being involved
- ✓ Ask what they will need in order to participate
- ✓ Accept the level of involvement that families can offer
- ✓ Understanding how the group operates is essential. Families must know what the structure is and how decisions are made. Answers to the following questions will help families decide if they want to participate:
- ✓ Does the policy group focus solely on children's issues, or is there a sub-committee of the group responsible for children and youth?
- ✓ What is the authority of the group and its committees?
- ✓ Does the group have by-laws and are they enforced?
- ✓ What are the requirements for membership?
- ✓ What is the composition of the group?
- ✓ How much influence does the group have?
- ✓ When and where does the group meet?
- ✓ How much time commitment, beyond attending meetings, is expected to prepare for meetings or attend to committee assignments?

Families & family organizations do not need to wait to be approached by policy groups. Just as policy groups are seeking family involvement, families and family organizations are looking for the opportunity to effectively participate in policy work. Family-run organizations that successfully seek out and reach out to policy groups advise the following.

- ✓ Get to know the mental health authority & make an appointment; ask questions; explore how you can be involved in existing opportunities; send a note of appreciation after your visit.

- ✓ Ask for and read your state's plans for agencies that serve children with mental health needs & ask questions about sections you don't understand.
- ✓ Know the responsibilities of the policy group.
- ✓ Learn who the members of the policy group are and what their background is & meet with any of them individually or attend a meeting and learn about their priorities.
- ✓ Find out when and where policy groups meet and attend as an observer.
- ✓ Ask about the current focus of their work.
- ✓ Learn how the group operates.
- ✓ Follow through with commitments.

In addition to establishing relationships with policy groups, it is vital for family organizations to know the realities of the environment in which the work is done. Internal and external factors (such as personal agendas, turf issues, systems crisis or litigation) can have impact upon how the policy group selects priority issues and makes decisions. Family organizations can become more aware of the environment by:

- ✓ Staying connected with the network of a family organization.
- ✓ Developing common agendas with others.
- ✓ Creating strategic alliances.
- ✓ Maintaining integrity to their mission.

Training and Supporting Family Members on Policy Groups

Policy groups that have access to flexible, tangible and practical resources are better prepared to meet the individual needs of their family members. Training for family representatives is essential for them to effectively participate in policy activities. Training group members in working collaboratively with families is equally essential.

While the personal experiences of family members are critically informative at policy tables, it is challenging for family representatives to present their stories and keep any distressing accompanying emotions (fear, anxiety, humiliation, anger, frustration, distrust and disappointment with the service system) in check. Family members and other policy group members can significantly benefit from training in how to reframe personal experiences to reveal the underlying systems issues. Family members and family-run organizations that have system experience can best provide such training. There are other important ways of making sure family members consistently and effectively participate on policy groups.

Select meeting times and locations that support attendance

Families of children and youth with mental health issues have demanding schedules. Check with family members' schedules before finalizing policy group meeting times and locations. Providing a light meal or childcare can also make it easier for family members to attend daytime meetings.

Policy groups should be flexible and creative in finding meetings times that accommodate family scheduling needs. Some options are to meet in the evening or on

weekends or patch families in by conference call. Consider using distance-learning technologies such as computers or video and satellite conferencing facilities that may be available at colleges and universities to allow families in remote parts of the state to participate.

Recruit more than one family representative

It is a heavy burden for one family member to represent all the families in a community or state. Having a diverse group of peers to work with on a policy group is very appealing to family members because it insures them that the diversity of family experiences, cultures, backgrounds, and perspectives will have a voice at the table and that there is "back-up" if an emergency keeps them from attending a meeting. This will also help prevent feelings of "tokenism" and provide a friendly environment for new families who join. Give families opportunities and supports to meet one another prior to the meeting if they wish. Policy groups will benefit substantially from the informal orientation and mentoring that result from families connecting with one another.

Supply flexible financial support

Many families cannot afford the ancillary expenses of joining a policy group. Stipends and reimbursements for dependent care, transportation (airline, buses, or other public means, tolls, mileage, etc.), lodging (if necessary) and meals can make a critical difference for family members. Policy groups that arrange travel, provide cash per diems in advance and master bill hotel rooms for national meetings reduce the financial burden and stress on family members attending events requiring that they be away from home. Agencies that administer funds for policy groups need methods for timely (immediate) reimbursement of out-of-pocket expenses born by family members. Arranging for cash reimbursement at the meeting makes it possible for family members to attend and participate when they don't have credit cards or checking accounts.

Provide access to communication

Just as other policy group members use cell phones and pagers to communicate with staff, co-workers or their families, family members have to respond to the immediate needs of their children, schools, daycare or work. Practices that can help family members keep in touch with home include:

- ✓ Letting group members know the incoming phone numbers ahead of time so they can leave this information with their families.
- ✓ Providing phone cards for long distance calls and making sure there are pay phones available for families
- ✓ Having a cell or regular phone at the meeting registration desk to receive emergency calls
- ✓ Scheduling phone breaks during the meeting
- ✓ Family members can help their policy groups by clearly explaining their communication needs in advance and being responsible about using the resources they are given.

Share Information

Family members at the policy table have a responsibility to represent their constituency's needs and not just their own personal agenda. When taking a position or presenting a perspective they should be prepared to explain where the information came from and what process was used to get it. Legitimate data sources include (but are not limited to) formal reports, focus groups, surveys, support group discussions. Policy groups should feel free to seek additional information from family organizations that reach out to numerous families; and also to seek substantiating data.

Policy groups should make it easy for family members who have new and relevant information to get it copied and distributed to others. Policy groups should build funds for these expenses into their budgets. The actual copying can be done by a local copying and printing business, be assigned to the support staff for the group; or be handled by the (or other) agency sponsoring the policy group.

Policy groups, in turn, should make sure that family members are well informed of the issues the group is discussing. However, family members do not want to be overwhelmed by too much information. Some may be reluctant to ask for help interpreting background materials or proposals for discussion. Offering a clear explanation of what is being worked on (including budgets) and how it relates to the bigger picture will help family members feel comfortable, confident, and competent to make informed decisions. Pairing family members, especially newer members, with more experienced members of the group is an effective strategy for reviewing materials before meetings take place.

Provide validation & appreciation

Family members on policy groups want to know that their input is valued. Other families in the community need to see how their representative's contributions are being used. Publishing meeting minutes creates a formal record of group activities, the results of any follow up on their actions and documents the role that members played in making recommendations and decisions.

Sustaining Family Involvement on Policy Groups

Maintaining a full and diverse complement of members is essential for the ability of mental health policy groups to make fully informed, publicly responsible decisions. Having valid information and consistent communication reduces the confusion and frustration that may result in loss of members. Mental health authorities can assist by providing sufficient and consistent staff support and resources for policy group activities. State and local agencies can contribute to group stability by having incoming staff representatives attend a meeting with their exiting predecessor.

Families who have the supports necessary for coping with turmoil or confusion in their daily lives are better equipped to follow through with commitments to policy groups. Agencies sponsoring policy groups should make every effort to help family

representatives stay connected to appropriate providers so their children can continue to receive all essential mental and physical health services and supports, educational services, child care and family supports.

Group members all need a sense of purpose, acceptance and accomplishment. Policy groups that are successful at sustaining family involvement have clearly defined mission, purposes, policies, operational procedures (by-laws in some cases), responsibilities, lines of authority and accountability, and reliable clerical and administrative support for communication and logistics. They hold meetings consistently and efficiently conduct them in a manner that is respectful, safe and supportive for all members. Successful policy groups have effective leadership that all members recognize as legitimate and they express their appreciation for the work of their members.

Data and the ability to understand its implications are key to making appropriate policy recommendations, preserving precious resources, achieving intended outcomes, and promoting necessary change. Policy groups that are successful in sustaining family involvement make sure that all members have access to the same information in a format and language that is universally understandable and free of jargon, complicated technical terms, or acronyms. Technology can assist in keeping members up to date with accurate and timely information. Strategic planning accompanied by training and technical assistance for all policy group members helps to foster collaborative working relationships.

Where to Get More Information

For more information and training on strategies for engaging families in policy work contact the

- ✓ **Federation of Families for Children's Mental Health**, 1101 King Street, Suite 420, Alexandria, VA 22314, (703) 684-7710 www.ffcmh.org ;
- ✓ **National Council on Family Relations**, 3989 Central Ave. NE, #550, Minneapolis, MN 55421, (763) 781-9331 www.ncfr.org
- ✓ **National Association of Mental Health Planning and Advisory Councils**, 1021 Prince Street, Alexandria, VA 22314, (703) 838-7522 www.namhpac.org.

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Technical Assistance Partnership for Child and Family Mental Health

JANUARY 2005

YOUTH INVOLVEMENT IN SYSTEMS OF CARE

Youth Involvement Gains Momentum

The population of young people in the United States continues to increase annually. According to the 2000 U.S. Census, there are almost 100 million young adults between the ages of 0 and 24 years, making them the largest generation today at approximately 36% of the total population (United States Census Bureau, 2000). Serious emotional disturbances effect approximately 5-9% (between 5 and 9 million) of children and youth in the United States in any given year (President's New Freedom Commission on Mental Health, 2003). In order to best support the growing populations of young people, the systems that serve youth are beginning to realize is that they must involve youth fully in the process, much as families have been for the past 15 years.

The Youth Movement reached a landmark in 2002 when Request for Applicants in the Child Mental Health Initiative began requiring youth involvement with the hiring of local youth coordinators and ensuring youth involvement in every level of system of care development. Currently, systems of care across the nation support more than 40 groups for young people. These groups have different looks, missions, and activities, but all share the common goal of supporting youth voice and involvement.

Values of the Youth Movement

Similar to the family movement, the youth movement is constantly evolving. Youth involvement has recently shifted to youth-guided systems of care. Young people now are not simply involved in a token way, but are actively engaged and supported in guiding their own service and support planning as well as the planning for the system of care. Young people are in the process of developing a working definition of "youth-guided" as well as the principles and values of the youth movement. Initial discussions include the following values:

- Youth involvement is offered as proof that individuals with mental illness can function and be contributing members of society.
- Youth have rights.
- Youth are utilized as resources and part of the solutions in the development of themselves, their communities, and youth-serving systems.
- Youth have an equal voice and are engaged in developing and sustaining the policies and systems that serve and support them.
- Youth are active partners in creating their individual treatment and support plans.
- Youth have access to information that is pertinent to their treatment and lives.
- Youth are valued as experts in creating systems transformation and in their own lives and needs based on their personal experiences.
- Youth's strengths and interests are focused on and utilized.
- Adults share power with youth.
- Adults and youth respect and value youth culture and all forms of diversity.
- Youth are supported in a way that is developmentally targeted to their individual needs.

What Are Youth Doing?

Authentic youth involvement in a system of care community permeates the community and is actualized through the meaningful involvement of young people in each level of system of care development.

Youth Are:

- Developing youth-driven groups
- Participating on governing boards and committees
- Developing presentations and products such as tips sheets for professionals
- Creating Web sites, chat rooms, and Internet-based bulletin boards
- Organizing fundraisers and events
- Developing social marketing campaigns
- Engaging in research
- Providing peer support, advocacy, and bonding activities for other youth
- Providing input to local mental health boards, commissions, and task forces in the youth-serving systems

How Can You Meaningfully Involve Youth?

Building a partnership with young people requires an understanding of personal views of young people and a willingness to change those perceptions if necessary. Adults may view young people as objects, recipients, or partners (Innovation Center For Community and Youth Development, 1996). The Ladder of Youth Involvement, pictured below, illustrates the different relationships adults can choose to engage in with youth. Each rung of the ladder fits into one of the above-mentioned roles. As one moves closer towards the top, maximum youth involvement is approached, and a youth-adult partnership becomes a reality.

Ladder of Youth Involvement

Step 9. Youth Initiated and Directed

Step 8. Youth Initiated, Shared Decisions with Adults

Step 7. Youth and Adult Initiated and Directed

Step 6. Adult Initiated, Shared Decisions with Youth

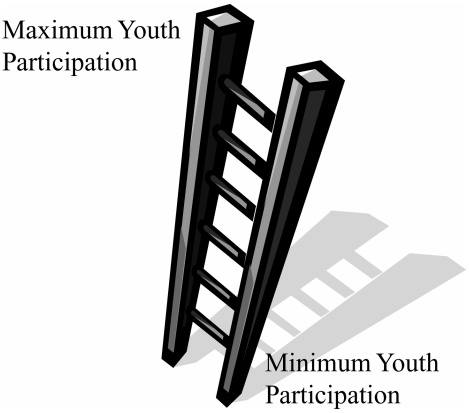
Step 5. Consulted and Informed

Step 4. Assigned and Informed

Step 3. Tokenism

Step 2. Decoration

Step 1. Manipulation



(Adapted from "Hart's Ladder" from "Youth Participation in Community Planning," a report of the American Planning Association Innovative Centre for Community and Youth Development. Available at: *www.theinnovationcentre.org*)

View of Youth Involvement	Outcome	Steps of the Ladder
Youth as Objects Adults know what is best for young people.	Involves youth in adult-controlled situations at the discretion of adults. Young people's contributions are insignificant and underutilized. Young people maintain a powerless position.	1. Manipulation 2. Decoration 3. Tokenism
Youth as Recipients Adults view youth participation as an experience that will be good for them.	Creates an opportunity for young people to learn from the adult experts, which will help them when they become adult contributors.	4. Assigned and informed 5. Consulted and informed 6. Adult initiated, shared decisions with youth
Youth as Partners Adults view youth as important contributors	Encourages youth to become involved in all aspects of the organization, group, or project. Youth and adults share power and are equal partners in decision-making; both bring strengths, abilities, and expertise to the table. The system of care is youth-guided.	7. Youth and adult initiated and directed 8. Youth initiated, shared decisions with adults 9. Youth initiated and directed

Authentic Involvement is Key

Understanding how adults view young people will help adults refrain from tokenizing youth. Young people can be involved in many ways within systems of care, but how they are involved and the level of authentic partnership makes the difference. Involvement can range from manipulation as the lowest level of participation to youth initiated and directed involvement, the highest level of participation. Youth and youth coordinators strive for youth initiated and directed involvement. At this level, youth are making decisions, setting goals, and developing action strategies with the youth coordinator who is serving as the coach to encourage and empower youth, not to lead them.

In system of care work, communities vary in their level of youth involvement. The primary goal is to move beyond stages 1–5. Shifting youth involvement to stages 6–9 can be challenging, but it is necessary in achieving authentic youth involvement and becoming a youth-guided system of care. As youth involvement is maximized, adults' roles in working with youth are also evolving, from being mentors to becoming partners and coaches. It is essential for adults to eliminate traditional youth–adult relationships that are based on power imbalances.

Young people and adults must overcome stereotypes about each other before this partnership can fully occur. Youth and adults should have a mutual understanding of what the partnership will entail; roles and shared responsibility must be clear (Drake, Ling, Fitch, & Hughes, 2000). Adults, allies, and youth coordinators must be passionate supports to young people. It takes dedication and drive to support a youth-led movement and to instill or revive that passion in each other and in the community.

Resources

Resources listed in this document include:

Drake, I. N., Ling, S., Fitch, E., & Hughes, D. M. (2000 Fall). Youth are the future of America. In Focal Point: A National Bulletin on Family Support and Children's Mental Health 14, 32–34.

Innovation Center for Community and Youth Development. (1996). Creating youth/adult partnerships: A training curricula for youth, adults, and youth-adult teams. Takoma Park, MD: Author.

U.S. Census Bureau. (2000). Table 1. Total population by age, race and Hispanic or Latino origin for the United States: 2000. In Summary File 1 of the United States Census, 2000. Washington, DC: Author.

President's New Freedom Commission on Mental Health. (2003). Achieving the Promise: Transforming Mental Health Care in America. Final Report (DHHS Publication number SMA-03-3832). Rockville, MD: Author.

Additional resources on youth involvement:
http://www.tapartnership.org/youth/docs/BibeditedSept101.pdf

Technical Assistance Partnership for Child and Family Mental Health

JANUARY 2005

MENTAL HEALTH WITHIN SYSTEMS OF CARE

What Are the Diverse and Complex Mental Health Needs of Children, Youth, and Families?

Approximately 1 in 10 children have severe mental health needs, but many are unable to get supports and services necessary for them to thrive at home, at school, and in their communities. This lack of access suggests that there are major barriers to mental health services for children, youth, and families. Some of these barriers include:

Cost—Many families find it difficult to pay for services.

Location—Families living in rural areas often have to travel great distances to get care, while families living in urban areas may have safety concerns related to traveling.

Lack of Provider Training—Service and support providers may not be culturally and linguistically competent, and they may lack information about effective and/or evidence-based interventions.

Stigma—Children, youth, and families may experience negative reactions when confronted with the possibility of being diagnosed with a mental illness.

Other Issues—Some children, youth, and families may face other issues, such as chronic physical conditions, which may be competing for limited family resources.

Who Are the Children and Youth Enrolled in Systems of Care?

Although children and youth in systems of care are generally diverse in terms of race, culture, ethnicity, and diagnosis, there are some trends. There are twice as many males as females, African American youth are overrepresented, and Hispanic youth are underrepresented. In terms of diagnoses, the most common among children and youth in systems of care are: oppositional defiant disorder, depression, substance abuse, conduct disorder, and attention-deficit/hyperactivity disorder. Less frequent diagnoses include, but are not limited to, anxiety disorders, eating disorders, and bipolar disorder.

What Treatments Work Best?

The treatments children, youth, families, and providers decide upon should be what is most likely to work best for everyone. To ensure that this is the case, system of care communities funded since 2002 have been required to demonstrate that they are using effective and/or evidence-based interventions. Some of the most widely used effective and evidence-based interventions include, but are not limited to:

- Adolescent Community Reinforcement Approach
- Cognitive Behavioral Therapy
- Family Therapy
- Interpersonal Psychotherapy
- Motivational Enhancement Therapy
- Multisystemic Therapy
- Psychopharmacology
- Videotape Parent Modeling

Effective treatments, or "best practices," are what families and service providers believe can help children and youth, but clinical researchers have not extensively studied. Evidence-based interventions, however, have been shown to be effective through extensive clinical research. More information about these interventions can be found in the following references.

References

Children of Color: Psychological Interventions with Culturally Diverse Youth,

edited by Jewelle Taylor Gibbs, Ph.D., and Larke Nahme Huang, Ph.D.

Community Treatment For Youth: Evidence-Based Interventions for Severe Emotional and Behavioral Disorders, edited by Barbara J. Burns and Kimberly Hoagwood.

The Handbook of Child and Adolescent Systems of Care, edited by Andres J. Pumariega and Nancy C. Winters.

Psychosocial Treatments for Child and Adolescent Disorders: Empirically Based Strategies for Clinical Practice, edited by Euthymia D. Hibbs and Peter Jensen.

On the Web:

www.tapartnership.org
www.nida.nih.gov
www.samhsa.gov
www.nimh.nih.gov

EDUCATION AND SYSTEMS OF CARE

NEED FOR SCHOOL-BASED INITIATIVES

Considering the significant role children's mental health plays in the classroom, the education system has the most to gain by partnering with systems of care. A sampling of some relevant statistics shows why:

- Approximately 20 percent of youth exhibit a need for some type of social, emotional, or behavioral support.
- About 10 percent of school-age children have a serious emotional disturbance, but only 2 percent are identified with a serious emotional disturbance under a special education system.
- Less than a quarter of students with significant emotional and behavioral needs are receiving adequate treatment, either in school or in the community.
- Without appropriate services and supports, students with serious emotional disturbances tend to earn lower grades and fail more courses and exams. They are held back more often, graduate at lower rates, and have a 55 percent dropout rate. They move from program to program, and their families are often the first to be blamed.
- Students with serious emotional disturbances are arrested more often, spend more time in the juvenile justice system, and are more frequently placed in restrictive educational environments. Yet only 49 percent receive some type of mental health services in the school.

MEANINGFULLY INVOLVING EDUCATION AS A SYSTEM PARTNER

Schools serve the vast majority of children in almost every community in the United States. This makes them logical places to identify children with serious mental health needs and to provide services and supports that these children need to excel in their schools, in their homes, and in their communities.

Over the years, schools and systems of care have formed effective and mutually beneficial partnerships in communities across the Nation. In communities where schools have a meaningful role in their local system of care, school staff are trained in wraparound planning and are key participants in the process. In fact, in several communities, schools are the primary location where child and family meetings are held.

Getting to this level of partnership, however, is a process. Following are the stages of integrating schools into a system of care.

Stage One: Lack of awareness — when schools are unaware of the needs of students with serious emotional disturbances and the resources that can be made available to address these needs.

Stage Two: Awareness — when schools are aware of the promise of a system of care.

Stage Three: Willingness to participate — when schools are willing to participate in a system of care by referring children to the system of care program or participating on local coordinating councils or case review teams.

Stage Four: Child-by-child partnership or coordination — when links to Local Coordinating Councils lead schools and Local Coordinating Councils to work together in a child-by-child manner.

Stage Five: Programmatic collaboration — when schools and Local Coordinating Councils work to build on individual successes to develop and coordinate some of their activities.

Stage Six: Routinized participation — when successes in specific collaborations lead schools and Local Coordinating Councils to work together in a regular manner that is fully integrated into the daily routine of school staff.

Stage Seven: Transformation — when routinized collaboration changes day-to-day practices, how individuals conceptualize the principles of the system of care, and the overall culture of schools and other child-serving organizations.
(Cited from Promising Practices Series, 1998, Volume III, pg 54)

Challenges Within the Education System

Providing appropriate and effective mental health services and supports to students that need them most is a complex and challenging process for all involved. To do this, too many teachers and support staff are forced to take on new responsibilities with little preparation, training or support. As a result, many children with serious mental health needs fall through the cracks.

Given the size of the population of students with serious mental health needs, there is a clear necessity for more

school-based support for children, teachers, and family members. The challenge is getting schools to change their cultures so they work openly and collaboratively with other child- and family-serving agencies and organizations instead of in isolation.

PROMISING PRACTICES FOR SCHOOL-BASED SYSTEM-OF-CARE INITIATIVES

Promising practices for helping children with serious mental health needs in schools are emerging through systems of care. Communities that have instituted these supports in their schools have seen positive results in academics, attendance, disciplinary referrals, and parent satisfaction. These promising practices include:

- The use of clinicians or other student-support providers in the schools to work with students, their families, and all members of the school community, including teachers and administrators;
- The use of school-based and school-focused wraparound services to support learning and transition;
- The use of school-based case management;
- The provision of schoolwide prevention and early intervention programs;
- The creation of "centers" within the school to provide support to children and youth with emotional and behavioral needs and their families; and
- The use of family liaisons or advocates to strengthen the role and empowerment of family members in their children's education.

Positive Behavioral Interventions and Supports (PBIS)

Another promising practice is the implementation of a research-based approach designed to enhance the capacity of schools to educate all students and create a culture within the school that supports learning and social promotion. This approach, called Positive Behavioral Interventions and Supports (PBIS), has been implemented to varying degrees by more than 12 sites at the State, county, or local level. These sites have seen positive results in academics, office referrals, attendance, and state testing. Also, there have been tremendous gains in instructional time for all students.

RESOURCES AND LINKS TO EDUCATION-RELATED INFORMATION

Hoagwood, K. & Erwin, H. (1997). Effectiveness of school-based mental health services for children: A 10-year research review. *Journal of Child and Family Studies, 6,* 435-451.

Policy Leadership Cadre for Mental Health in Schools (2001). *Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations.* Los Angeles, CA: School Mental Health Project.

The National Association of State Mental Health Program Directors and the Policymaker Partnership for Implementing IDEA (2002). *Mental Health, Schools and Families Working Together for All Children and Youth: Toward a Shared Agenda.* Washington, DC: The National Association of State Directors of Special Education.

U.S. Department of Health and Human Services Office of the Surgeon General (1999). Mental health: A report of the Surgeon General. U.S. Department of Health and Human Services [On-line]. Available: www.surgeongeneral.gov/library/mentalhealth/home

UCLA School Mental Health Project (2003). Mental health in schools: an overview. UCLA School Mental Health Project Center for Mental Health in Schools [On-line]. Available: http://smhp.psych.ucla.edu/aboutmhinschools.htm

More than 100 links to education relation resources are available on the TA Partnership Web site at www.tapartnership.org/education.

Other sites to visit include:

http://cecp.air.org/

www.pbis.org

http://csmha.umaryland.edu

Federation of Families for Children's Mental Health

Working with Families of Children in Need of Mental Health Support: A Tip Sheet for Principals and Building Administrators

"Mental health is a critical component of children's learning and general health. Fostering social and emotional health in children as a part of health child development must therefore be a national priority."

Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (2000).

Purpose of the Tip Sheet

This Tip Sheet was written to help school principals and other administrators better understand how to engage families of children who need mental health support in school activities and in educational planning for their children. It covers:

- ✓ the role of the principal;
- ✓ describes which children need mental health support;
- ✓ defines factors to consider in working with families;
- ✓ identifies the characteristics of good relationships between families and schools;
- ✓ presents strategies for addressing problem behaviors together; and
- ✓ offers tips for working with families.

Role of the Principal

Mental health is important for ALL children. Good mental health, like good nutrition and good physical health, is a prerequisite to learning. Children who feel insecure or insignificant, confused or conflicted have difficulty focusing their attention on typical school tasks. This is why effective school (administrators) strive to create a positive environment that is welcoming to children – a place where they feel safe, secure, respected, competent, valued, and supported. While leadership for creating a positive school climate comes from the principal, responsibility for maintaining it falls to everyone who works in the school. Principals seeking to foster an emotionally healthy school climate provide all staff with opportunities to learn positive approaches to teaching students to monitor and manage their own behaviors and to recognize signs of stress or distress in individual students.

There are many school-wide approaches and positive behavioral interventions that have a sound evidence base. For most students in a safe and supportive learning environment, mental health is routinely fostered and does not need special attention (is not a special concern). But this is not the case for all students. There is the potential for exposure to risk factors at school and elsewhere that could threaten a child's

social and emotional development. The good news is that there are protective factors that can counterbalance that risk.

How a child experiences specific risk factors will shape how she or he copes with similar situations. The chosen coping mechanism affects the child physically, emotionally, and behaviorally. If the child experiences insufficient protective factors that promote resilience, coping mechanisms may be weak. Without early identification and supportive services mental health problems, such as depression and anxiety, among others, could arise.

Common Environmental Risk Factors

Poverty
Exposure to violence, sexual, or physical (psychological?) abuse (can include bullying)
Illegal alcohol and/or drug use
Poor instruction

Some Protective Factors

Strong and supportive family
Positive relationships with caring adults who believe in the child
Positive and prosocial peer group
Effective and appropriate academic instruction

Which students need mental health support?

Students who need mental health support generally fall into three groups:

- ✓ The first group includes students who are experiencing a temporary stressful or distressing situation such as adjustment to a new school, the death of a relative, or the birth of a sibling. A phone call to the family, especially if there is already a good communication system in place, will help identify these issues quickly and locate the right kind of help for the child.
- ✓ The second group includes students who are regularly or continuously experiencing significant environmental risk factors such as frequent changes in foster home placements, or bullying at school. These students should receive or be directed to at least one evidence-based intervention to relieve their distress.
- ✓ The third group includes students who have a diagnosed or an undiagnosed emotional or behavioral disorder such as depression, reactive attachment disorder, bi-polar disorder, attention deficit, or eating disorders. Positive relationships with families will be essential to help coordinate school-based interventions for these students with professional mental health treatment they may receive (or need to get) in the community.

Regulations for the Individuals with Disabilities Education Act (IDEA) define emotional disturbance as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- ✓ An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- ✓ An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; Inappropriate types of behavior or feelings under normal circumstances;

- ✓ A general pervasive mood of unhappiness or depression; or
- ✓ A tendency to develop physical symptoms or fears associated with personal or school problems.

The term emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Students who need mental health support do not necessarily require special education. According to the U.S. Department of Education, during the 2000-2001 school year, 472,932 of the 5,762,935 students who received special education under the IDEA were identified as having an emotional disturbance.

Students Who Need Mental Health Support

Level Of Need	Who Can Help	Communicating With Family
Temporary stress	School counselor, sympathetic teacher, school nurse, peer support group at school, spiritual guide in the community	Phone call, note, or brief home visit
Significant environmental risks	School social worker, school psychologist, behavior specialists, other child serving agencies in the community	Face-to-face meetings at home, at school, or convenient place in the community
Diagnosed emotional or behavioral disorders	School psychologist, special educators, behavior specialists, psychiatric and neurological consultants, community mental health providers	IEP team process and other mental health service planning meetings held by community agencies

Anecdotally, we know that there are other children with mild or moderate social, emotional, or behavioral problems, and even some with severe mental health needs who are identified as other health impaired and learning disabled. For many of these children, school is the primary place where place they can be connected to mental health services if their needs are identified.

Factors to consider when working with families

A child's family is the group of individuals who support that child - emotionally, physically, and financially. It can include individuals of various ages who are biologically related, related by marriage, or not related at all. It can include children who are

developing along a typical path or children who have a special need– including children with emotional, behavioral, or mental disorders.

The normal routines of family life are disrupted when a child has a mental health need. Demands from schools and other community agencies can add to the family's stress. Most healthy families make adjustments to weather brief disruptions. Persistent or severe disruptions can weaken the fabric of the family or even tear it apart.

Each family has a culture of its own - in addition to the external cultures it affiliates with. A family's values and culture influence how it approaches the tasks of daily living activities (food, dress, work, school) and can direct how a family faces the challenges of raising a child with mental health needs.

Suggestions for Developing Communication with Families

- ✓ Ask the family which adult(s) have primary responsibility for the child's care and which adult will act as the primary contact for the school. These may not be the same person
- ✓ Find out what time(s) are the best to get in touch with this person or the family. Agree on how messages will be sent. Receiving lots of calls at work may put a wage earner's job a risk. Messages sent home with their child might not get delivered in a timely fashion.
- ✓ State that your intention is not to place additional burdens on the family. Acknowledge that you may be putting an extra burden on the family. Work with them to figure out how the school can help prevent or minimize their stress while they help the school address the student's best interests.

Characteristics of good relationships between schools and families

Good relationships between schools and families are built the same way relationships develop between any individuals. They depend on **trust and mutual respect**. This is easiest to achieve when both parties have a lot in common—like level of education and income or belonging to the same ethnic group or religion. Families who do not speak English, have little education, or very low incomes do not have as much in common with school staff as do professional parents. Adults whose own school experience was unpleasant may be uncomfortable in schools or feel they can not speak honestly with school personnel. Families from countries torn by war or governed by dictators may think school principals are agents of the state who should be feared. Principals who have good relationships with their school's community make an effort to learn about the history, cultures, social mores, and values of the families therein. They are careful not to interpret a quiet or obliging deference as indicating agreement and compliance or to assume a boisterous assertiveness is a sign of hostility or defiance.

By virtue of their position, principals have power and authority. Principals who have good relationships with families **use their authority judiciously, sharing rather than wielding it**. They endeavor to put families at ease and take care not to overwhelm them.

People sustain relationships when they **share a common purpose or values**. Graduation from high school is a goal most parents value and share with schools—even if they do not have a diploma themselves. Getting help quickly when their own child has a problem is also a goal families can share with schools. When students have extensive mental health needs developing individualized plans for appropriate and effective educational and mental health supports can provide the common ground for families and schools to build a positive relationship. Common ground where social and emotional development are concerned may not always be obvious. Some families may not be aware of the behavioral expectations of the school or the social skills being taught. They may not see how these apply to survival in the community or success in life. In some cases, the skills that are encouraged at school may conflict with the cultural values and practices of the family. Principals who build positive relationships with families learn where these cultural frictions might exist. They reassure families that they are taking steps to help their children to learn and use the social skills of the dominant culture at school without undermining the cultural values and social skills valued and expected at home.

Compromise and dependability are also important in sustaining a relationship especially when its chief purpose is to solve a problem. Principals who are successful in engaging families of children who have mental health needs take a strengths-based approach to students and their families and know how to find "win-win" solutions when there are conflicts. They have a reputation among families, with their staff, and in the community for being reliable, dependable, and following through on commitments.

Addressing problem behavior together

Families of students who have mental health needs have the potential to be powerful allies. When families are engaged with the school in determining how problem behaviors will be addressed, they are invested in the outcome and will do their part to implement whatever plan is developed. Functional behavioral assessments should be the foundation for developing an understanding of problem behaviors. Principals who successfully engage families invite, encourage, and support them to be a member of the team that conducts a functional behavioral assessment of their child. The common understanding that results from this assessment binds the family and the team together. Their shared goal becomes developing individualized, positive behavioral supports and instructional plans that can change the behavior. Principals support this bond by welcoming individuals from the family's own support network[1] to help devise and implement the plan.

[1] The family defines it own support network. It could, for example, include friends and relatives, members of the clergy, health care providers, professionals from other service systems who are working with the family, volunteers from community agencies, and anyone else the family believes could be helpful.

Final thoughts

Schools where children feel safe and are happy are schools where teaching and learning thrive, expectations are high, and outcomes are excellent. Such schools enjoy support from the greater community, and the families of all students—including those who might need mental health services. Engaging families of children who need mental health services offers an opportunity for principals to demonstrate their leadership and achieve success for their school. [1]

Recommended Resources

- ✓ Center for Effective Collaboration. Addressing Student Problem Behavior, Parts I, II, and III. www.air.org/cecp.
- ✓ Osher, D. Dwyer, K. Jackson, S. Safe, Supportive and Successful Schools Step by Step. Sopris West Educational Services. www.sporiswest.com.
- ✓ Peer Technical Assistance Network. Learning From Colleagues: Family/Professional Partnerships Moving Forward Together. Federation of Families for Children's Mental Health www.ffcmh.org.
- ✓ Policy Maker Partnership. Mental Health, Schools And Families Working Together For All Children And Youth: Toward A Shared Agenda. National Association of State Directors of Special Education. www.nasdse.org.

Tips for working with families

- ✓ Make your school a welcoming place for families. Decorate areas of the school visitors frequently use with pictures that will appeal to them. Stock your waiting areas with reading material that will interest them. Set up a family center, run by and for families, where they can meet, talk, and get information or help with things that concern them.
- ✓ Reach out to and get to know your school's community. Meet with groups of families in the community—when and where they normally congregate for social events. Ask a family with whom you have a good relationship to take you on a tour of the neighborhood and to introduce you around.
- ✓ Show your respect for the family and their values and culture. Use their preferred language or mode of communication. If necessary have a qualified, professional translator present.
- ✓ Focus on strengths. Establish a regular system for sharing good news. Show that you value their child and see her or his potential to succeed. A crisis is not the best way to meet a child's family for the first time. When there is a problem, avoid assigning blame and focus on understanding the family's perspective on the situation.
- ✓ Be creative and flexible. Accommodate the family's schedules and other needs when arranging for meetings and services. Work for win-win solutions.
- ✓ Be honest and use commonly understood vocabulary. If technical terms must be used, explain them and check to make sure they are well understood.

Technical Assistance Partnership for Child and Family Mental Health

JANUARY 2005

Child Welfare Within Systems of Care

Need for Child Welfare Involvement in System of Care

Each year about 3 million children and their families come to the attention of the child welfare system through the child abuse and neglect reporting systems. Two-thirds of these allegations are not substantiated, but of the third that are, 3 percent of these children are placed in temporary out-of-home care. Some are placed with relatives and others in foster care. On the average day in this country there are 500,000 children in care. The primary reason for removal is to protect them from child neglect; however, they may be placed for a number of reasons including abuse (physical or sexual), unmet needs for mental health care, parental abandonment, parental problems such as addiction to substances, incarceration, death, or illness. Even though most children are not placed in care due to mental health issues, 30 to 70 percent of these children have a serious emotional disturbance and as well as developmental challenges.

Values Within the Child Welfare System

The child welfare system is responsible for the safety and well-being of children. The system is also responsible for ensuring that every child has a safe and secure permanent environment in which to grow and thrive. Child welfare provides an opportune setting for early identification and intervention as children come into the system after having experienced the trauma associated with child abuse and neglect as well as separation from friends and families. The most common diagnoses are:

- Depression
- Oppositional Defiance Disorder
- Post – Traumatic stress disorder
- Adjustment Disorder
- Conduct Disorder

Over the years, however, the child welfare system has learned that these are responsibilities for which it was neither intended nor prepared to effectively assume. Therefore, in collaboration with other child serving systems and parents, child welfare has begun to use new approaches to achieve the goals of the safety, permanence and well-being of the children that they have been legally charged to serve.

Trends in Child Welfare That Support a System of Care Approach

Child welfare systems find that children can be better protected if the family and the full community help provide for the safety of children. They have begun to involve families and other members of the community in meaningful ways. Some of the approaches being used in communities across the country include: family centered practice, family mediation, family group decision-making, family-to-family partnerships in foster care, child and family teams, the wraparound process, and community collaborative for child protection. In addition, research has shown that three evidence-based practices that incorporate these trends have prevented placement in care and strengthen families, reduced stays in care, prevented hospitalization, and achieved overall better outcomes for both children and their families. These proven practices are intensive case management and wraparound, multi-systemic therapy, and therapeutic foster care.

Resources:

- Evidence-Based Practices in Mental Health Services, Lynne Marsenich (March, 2002) California Institute for Mental Health - www.cimh.org
- Best Practice/Next Practice – Family Centered Child Welfare – (Winter, 2004) A publication of National Child Welfare Resource Center for Family Centered Practice www.cwresorce.org
- Technical Assistance Center for Child and Family Mental Health

  www.tapartnership.org/childwelfare
- A Family's Guide to the Child Welfare System, McCarthy, J., Marshall, A., Collins, J., et al (December, 2003)

  www.tapartnership.org/childwelfare

Technical Assistance Partnership for Child and Family Mental Health

JANUARY 2005

Primary Care and Systems of Care

The Need: Why Integrate Primary and Behavioral Health Care?

Gaps in Service Delivery:

In any given year, one in five children and adolescents will experience behavioral health problems serious enough to require clinical evaluation.[1] Yet the majority of these children are never diagnosed or treated effectively. Seventy-nine percent of parents with children who have mental health problems reported that their children did not receive evaluation or treatment in the past year, indicating a serious gap in service delivery.[2] And for minority and rural populations, geographic and cultural barriers prevent an even greater percentage of these children from accessing the mental and behavioral health care that they need.

Overlap Between Mental and Physical Health:

In addition, studies have shown that children with severe emotional disturbances (SED) are more likely to have chronic health problems, and visa versa. In a recent study of Medicaid recipients, parents of children with SED were significantly more likely to report that their children had chronic health conditions than were parents of children with no behavioral health problems.[3]

This indicates children and youth with serious emotional disturbances will often have special health care requirements—and vice versa. **Our challenge as system of care developers is both to increase access to diagnostic and treatment services, and to ensure that the total health needs of our children are met.**

The Vision: What Could an Integrated System Achieve?

To address gaps in service delivery and provide comprehensive care, numerous federal health reports (e.g., the 2003 President's New Freedom Commission on Mental Health Final Report, the Surgeon General's 2001 Working Meeting on the Integration of Mental Health Service and Primary Care Final Report) recommend linking and aligning primary care and behavioral health systems.

Using primary care as one of the chief entry points into the behavioral health system will increase service availability and access. Early and periodic screenings and interventions provided in the primary care setting could help ensure that more mental illnesses are identified and treated earlier. Furthermore, the artificial compartmentalization of behavioral health and primary care prevents the creation of an environment in which mental health is viewed as an essential component of overall health. An integrated system is crucial to reducing the stigma against mental illness and ensuring that the total health needs of children and adolescents are met. While this is evident in the general population, it is even more so for minority populations and could contribute significantly to reducing health disparities (U.S. Public Health Service, 2001).

The overlap between youth with serious emotional disturbances and those with special health care needs makes integration of primary care and behavioral health services crucial to creating a **seamless system of health care** for these vulnerable children. Integration will strengthen the ability of health care providers to intervene early, increasing the potential that the care provided will substantially aid the longevity, quality of life, and life-long good health of children with special needs.

The Challenge: What are the Barriers to Integrating Systems?

Primary care is already an important portal for behavioral health service provision; studies show that patients without a regular primary care provider have higher rates of unmet behavioral health needs. However, the behavioral health services provided by primary care professionals are often inadequate. Primary care providers often lack the training, tools, and supports they need to provide quality care. In addition, communication between primary care and behavioral health providers is often inconsistent and ineffective, leading to problems with referrals and patient information exchanges. For

both providers and patients, barriers such as divergent funding streams, reimbursement mechanisms, system structure and language, stigma, and shortages of time and training prevent effective service integration and collaboration between behavioral health and primary care providers

The Strategy: What Are Some Immediate and Long-term Approaches To System Integration?

To address these barriers, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, Child, Adolescent and Family Branch, and the Maternal and Child Health Bureau (MCHB) of the Human Resources and Services Administration (HRSA) recently requested that the Technical Assistance Partnership at the American Institutes for Research (AIR) convene a working meeting to discuss linking and aligning the SAMHSA behavioral/mental health and the HRSA primary care/medical home system of care models. These two models share as a common goal the development of individualized, culturally competent, community-based and family-centered care; thus, they are prime candidates for program alignment pilot projects.

Participants at the SAMHSA/HRSA working meeting concluded that the successful system-wide alignment of behavioral health and primary care was dependent upon linking the process to specific, measurable outcomes. Implementation and evaluation of a successful model will provide tools for marketing systems change to communities, states, and federal agencies.

Resources: How Can You Find More Information about Linking Primary and Mental Health Care?

- The American Academy of Pediatrics (AAP) has Medical Home projects in a large number of states. Contact AAP members that you may know, such as your child's pediatrician for information,
- The AAP website has information on the Medical Home and on specific state projects and on the Medical Home concept: www.aap.org/commpeds/ for the Community Pediatrics section of the AAP and/or www.medicalhomeinfo.org/resources/index.html,
- You can contact the local chapter of the AAP in your state which has information on all AAP activities in your area including any Medical Home activities: www.aap.org/member/chapters.html,
- Contact the Maternal and Child Health/Title V (of the Social Security Act) and the special needs unit. Contact information can be found on: www.mchb.hrsa.gov,
- Invite these health professionals to any evening meetings, attend and ask to present your program at the local AAP chapter or Medical Home meetings, but begin the dialog.

[1] Leatherman S, McCarthy D. Quality of health care for children and adolescents: A chartbook. New York: The Commonwealth Fund; 2004.
[2] Ibid
[3] Combs-Orme T et al. Comorbidity of mental health problems and chronic health conditions in children – statistical data included. Journal of Emotional and Behavioral Disorders. 2002: Summer.

Federation of Families for Children's Mental Health

Meeting With Elected Officials

Face to face meetings with elected officials and their key Staff aides are a good way to get to know them and communicate your views on important issues. Legislators usually find time to meet with their constituents. Here are a few tips for an effective personal meeting with elected officials.

Get to know your Legislators

Knowing the names of your elected officials is not enough. It is just as important to learn about their background and special interests. Visiting your state's legislature's website or going to the clerk's office will help you learn more about them. Before you make a visit find out about their party affiliation, committee assignments and positions, length of legislative service, and voting record. Knowing how they vote on things important to you (like children's mental health and education) can help you assess how much of a challenge you may be facing. Will you be reinforcing a position they have already taken or will you try to change their way of thinking?

Knowing something about their family, occupation, hobbies, or community service can help you establish rapport with them when you meet. Use what you learn to help present your issues in a context that they can relate to.

Schedule meetings in advance

While policy makers usually try to accommodate constituents, they may not be available if you drop by unannounced. Their schedules are full with important committee meetings, public hearings, and floor votes. Write or call to make an appointment a couple of weeks ahead of time. Be flexible about the date and time. If you write, it is a good idea to keep a copy for your reference. If you call, ask to speak to the "appointment secretary" or "scheduler". Whenever or however you contact an elected official make sure to identify yourself as a constituent, and state the purpose of the meeting. For example, "I'd like to meet to discuss health care for all children." Or "We want to discuss the Senator's position on funding for children's mental health."

Sample script to help you make a phone call to schedule a visit

Hi! I'm (your name) from (your city or town). I will be in (location of official's office) on (Date), and would like an appointment to meet with (Senator or Representative's name) to discuss state policy to meet the needs of children with mental health problems and their families. I would be more than happy to meet with the legislative assistant who works on children's health or education issues if the (Senator or Representative) is unavailable. Is someone available on that date?

Once the meeting is scheduled, it's a good idea to call to confirm the appointment a few days before arriving, just in case there's been an unavoidable change in the member's calendar.

Be prepared

You'll rarely have more than 15 or 20 minutes to state your case. So it's very important for you to be well prepared to express your views succinctly and clearly. Here are some ideas to help you get to the point quickly and be understood.

- ✓ Make some written notes listing the key points you want to make.
- ✓ Personalize the issue explaining very briefly how it affects you, your family and others in the community. However, avoid excessive background – get to the point quickly.
- ✓ Ask for action – tell what you want them to do and how (again briefly) your proposal will make things better.
- ✓ Be aware of who might oppose your proposal and why. Be prepared to support your position with facts.
- ✓ If the issue is complicated, say so, and leave behind additional material or offer to provide something in writing that explains the problem and solutions more completely.

Back up what you say

Given the short amount of time you will have for your meeting, bring brief "fact sheet," position paper, or other material you can leave behind. The Federation of Families will be glad to assist you with fact sheets on major national issues. Include a brochure about your family-run organization. Attach your business card to any written material you leave at a policy maker's office. Bring your business cards to the meeting and give them out. Ask the person you meet with to give you their card in exchange.

Be on Time

Be on time for appointments! Your legislators are very busy, and may miss your meeting altogether if you're running even a few minutes late. If you do get stuck in another meeting and you know you're going to be a little late, call ahead with a revised arrival time. They'll try their best to accommodate you, if you give them a little warning. Know that you may be kept waiting or your meeting may be interrupted by calls to the floor for

votes. This does NOT indicate disinterest in the topic, or that you are being ignored. It simply means that your elected official IS doing what she or he was elected to do. Sometimes you may have to talk while you walk with them to the State House or a committee meeting.

Be willing to meet with staff

Last minute changes in schedule may force a legislator to ask that you meet with their staff aides. Don't be upset if this happens! Key staff or aides are often more familiar with children's or other policy issues than their busy bosses. Many are the best possible persons to listen to your point of view and they will advise your legislator or member of Congress of your concerns at the right moment. Meeting with key staff is just as important as meeting personally with elected officials – sometimes more so.

Stick to the issue

Present your case in a straightforward and concise manner. If the Legislator or staff doesn't agree with you, getting bogged down in arguing your position will waste your valuable and limited time. "Agree to disagree" for the moment, and move on to your next topic. Exploring different points of view can be an opportunity for education. By learning WHY your public official has a particular opinion, you can be better prepared to follow up with more powerful information that substantiates your position on the issue such as research, data reports, and current news events.

Include the human element

State policy is made to have broad impact. It may be hard for elected officials to have a clear picture of how their votes on a complicated law – such as Health Care Reform – actually end up affecting their individual constituents. Explain, in your own words, how the policy personally affects the lives of children and families in their district. Tell one or two very short real stories to illustrate this. You will help your Legislator better understand the consequences of the policy on real people who vote for them.

Relate the issue to other families

Remember that state (and federal) laws also affect providers or services. Try to frame the matter in the broader context of your community. For example, if Supplemental Security Income (SSI) benefits are under attack point out actual number of families where the benefits received from SSI has helped keep a child at home by purchasing the services allowing the child to function. You'll make your point effectively, and won't appear to be self-serving in the process.

Prioritize the issues

Prioritize your issues. Even though they may all be important to you, in 15 to 20 minutes you can cover only one or two issues. Make a second appointment to cover the rest of your agenda. You can always bring along "fact sheets" which cover additional issues not discussed during the meetings or agree to send some as follow up. On the other hand, if

the Legislature is not in session, some members and staffers may have more time for a leisurely discussion. So, always be prepared to discuss all your issues – you may actually get the chance to really interest them in your state-wide or local family-run organization.

Request action

You should ask your legislator, or the staff person you meet about their position on the issues you have presented. Ask for a commitment to action. Your request could be for the policy maker to:

- ✓ draft and introduce or sponsor legislation;
- ✓ support or oppose a particular bill;
- ✓ vote for an increase in mental health funding for children's services;
- ✓ sponsor a public hearing;
- ✓ request a study of the issues; or
- ✓ require the executive branch to implement or enforce a policy.

Be sure to thank them if they do support your position. Be prepared to discuss why you think they should support it if they are opposed or uncommitted. Make note of their position for future reference as you monitor the progress of your issues. Remember to let others in your organization and advocacy coalition know what you learned so everyone can be aware of who supports your issues and who does not.

Offer to help

Legislators and their staff welcome a constituent who is knowledgeable on specific issues and is willing to be a local contact that can give them up to date information and advice on short notice. Make sure you let them know your area of expertise and leave contact information with them. If you have made a commitment to provide them with additional information, connect them with other resources, or invite them to speak to your family organization – **FOLLOW THROUGH**. If you are responsive, they will remember to contact you!

Follow up

When you get home, send the person you met with a "thank you" note. Briefly restate the commitment they made to you and enclose additional information. If you met with a staff person send a separate letter to the legislator they work for, letting them know that their staff aide has been attentive and ably represented their views.

Appreciation for their efforts does not end after your meeting. Following their action on the issue is important. Express your appreciation each step of the way as legislation is drafted, hearings held, work groups convened, bills introduced and brought to a vote. Keep other families and family-run organizations informed so they can do the same. Follow-up will be remembered and go a long way toward helping you get future appointments.

Federation of Families for Children's Mental Health

Preparing Public Testimony

This tool was created to help you prepare testimony to deliver at public policy hearings. It uses excerpts from testimony given before the Senate Committee on Governmental Affairs, July 15, 2003 to illustrate how strategically organizing your message enhances its impact on your audience. It has been abbreviated and edited in order to create this document. We thank Theresa Brown of Westbrook, Maine for giving us permission to use her testimony here.

The original testimony was 10 minutes in length. You may have less time to deliver your message. It is very important that your testimony be delivered in the time allotted for you to speak. Rehearse it out loud before an audience of friends and keep track of the time. Preparing with others will make you less nervous later. If it is too long, cut it down. Most public policy hearings have a timekeeper who will give you a warning near close to the end of your time and cut you off if you go over.

There are four parts to delivering testimony. These are setting the stage, delivering the message, making a request, re-capping. Here are tips about what to include in each part.

TIPS	EXAMPLES FROM TESTIMONY
Setting the Stage	
Acknowledge the audience~	
Recognize Committee leadership and express appreciation for the opportunity to speak. Establish eye contact with various members of the audience.	Chairman Collins, Senator Lieberman, esteemed members of this committee – I am honored by the opportunity to speak with you today . . .

TIPS	EXAMPLES FROM TESTIMONY
Draw immediate attention to the topic~	
Focus the audience. Make a concise statement about the issue. Get right to the point! Spark interest by using dramatic terms.	. . . regarding the tragic situation that has been created for my family merely because of our desperate search for mental health services for my daughter.
Introduce yourself~	
Introduce yourself after you draw attention to the issue. It is O.K. to acknowledge your feelings, then MOVE ON.	I am nervous and emotional because I am talking with you about the most important thing in my life. Please be patient with me if there are moments when I must stop to breathe. My name is Theresa Brown. Without my daughter, I merely exist in Westbrook, Maine.
Deliver the Message	
Frame the issue~	
This example sweeps the audience up in the stark contrast of a "birth dream" and a "nightmare." It sets the stage for letting the audience know that the issue applies to a wide range of ages and persists over a long time.	Relinquishing custody of my daughter was not part of our birth dream, but soon became life's nightmare. My daughter is now 16. My struggle to find appropriate and effective services began when she was six.

TIPS	EXAMPLES FROM TESTIMONY
Get personal~ Here is where you begin to give some details. There is very little time, so choose them carefully to have the most impact. Avoid blaming specific agencies or individuals. While they were important in your life, they are not important to the policy issue you are addressing. The climax of your "story" is where it links up with the policy issue your testimony is about.. Dramatize the impact this had on your child and family.	By 5th grade she had experienced countless visits to crisis units. Ineffective and missing services paved the way to police intervention. I watched her life spinning out of control with terror and a broken heart. Feeling as though we were drowning, I desperately grasped at each weak thread offered to us as though it was our lifeline. After 6 years of struggling to find appropriate services I was told that the only option for keeping her safe was residential treatment. Residential treatment would come with a price tag of ultimate human sacrifice – custody relinquishment. I was advised to refuse to take her home from the hospital. September 27, 1999 was the most devastating day of my life. I had to tell my fragile daughter that I would not take her home. Though I had been told that no crisis bed was available – one appeared, as though by magic, as soon as I complied.
Engage the audience~ Asking the audience to be in your shoes helps them to better understand the dilemma & prepares them to become part of a solution.	What would you do? What price would you pay? What treatment for other medical conditions in this great country comes with such a prescription?

TIPS	EXAMPLES FROM TESTIMONY
Relate your experience to the system issue~	
Identify what is at the root of your experience. This example focuses on a disorganized system. Sometimes you will be testifying in support of a program or service that has helped your child and family a great deal.	I now realize that it was NOT my child who was "hard to manage." It was a disorganized and undeveloped system that did not provide the resources that could meet her needs in our community.
Relate the system issue to other outside your family~	
Paint a picture of the human impact in terms that others can relate to.	When the system can't meet the needs of its children, it reflects its failures like a mirror on the faces of their parents and families. Our skills are questioned; our motives are questioned; we are blamed. In my eagerness to do everything I possibly could, we were also shamed.
Promote joint ownership of the problem~	
People are more willing to create & endorse solutions if they have a sense of ownership NOT blame. By using "we" Theresa expanded ownership for this issue well beyond the walls of her own home. She also related the impact of the issue on her family to experiences that were common and were important to the audience thus gaining their empathy.	Part of the problem is that we don't teach our children with mental health needs to LIVE in our communities or provide them the supports they need to do that. We teach them how to LEAVE. When their "behavior" looks bad, we send them away to friends relatives, programs, or institutions. They are kicked out of schools, excluded from normal activities, and isolated from reality. We teach them that they are not acceptable or worthy of a living in a normal family environment. Systems break what bonds they have left. When they are failed by systems, systems make them believe they failed! And so they sometimes do fulfill this dismal expectation.

TIPS	EXAMPLES FROM TESTIMONY
Identify the outcome you would like~	
Make the situation poignant in terms of the committee member's own experiences. Help them connect what you want in your life with what they want or enjoy in their own.	I have yearned for the opportunity to see her jump rope with her friends; to take her shopping to go to the prom; to complain because her hair was pink or that she left the cap off the toothpaste; to be kept up all night by giggling girls at a pajama party; to know that my favorite sweater might be residing in her closet or to find my much loved CD missing. Unlike most parents, I have missed the stories of her school day, her date, or her summer job. I cannot console her when her day has been difficult or celebrate with her when it has been great.

TIPS	EXAMPLES FROM TESTIMONY
Identify the system problems~	
In a few seconds (just over 30 words) Theresa was able to illustrate, in very vivid terms, the painful journey of her daughter.	At age nine, no one wanted to label my daughter with bi-polar disorder. Instead, for years systems gave her lots of other labels: delinquent, criminal, addict, truant, runaway, violent, promiscuous. None of these got her the treatment she needed.
Be factual and non-judgmental. Provide details without mentioning specific facilities, programs, or providers.	Ironically, relinquishing custody did not result in the outcomes I had hoped for. ✓ One residential program REFUSED to honor a court order to work toward reunification and allow family visitation. ✓ Another residential program ignored my requests to include drug and alcohol treatment for my daughter. ✓ Lack of a Special Ed label has prevented access to specific therapies. ✓ Behaviors at school, residential programs and home have continued to spiral dow nward ✓ She has been in multiple placements, sometimes discharged from programs with NO transition services – including school! ✓ DHS has sent her home without supports or treatment when no other placement was available ✓ Transition services and supports were not provided.
Theresa could have given many more examples, but she chose ones that illustrated the failure of many different systems and in many different ways. These examples illustrate her main point that custody relinquishment is a result of global system failure.	

TIPS	EXAMPLES FROM TESTIMONY
Make a Request	
This is the PITCH~ Tell the audience what you want them to do. Justify why your request is reasonable. Theresa gave testimony to a group that was already working on legislation to address the issue. She was on a panel where others spoke in more detail about the bill. You may have to be more specific in your request and mention a bill, an executive order, a study, a budget item, or some other policy action you want the audience to take.	I implore you to change what is happening for children and youth with mental health issues and their families. The financial incentives seem to be just reversed – families should have access to affordable resources and services early on. It just seems wrong that there is a federal draw down for states for permanency placement when all that the families who relinquish custody want is to be permanent for their own child.
Recap	
Restate the issue at the end of your testimony~ Refocus the audience on the REASON for the hearing.	When staff in treatment facilities are unable to provide appropriate and effective treatment, they often view emotional symptoms as behavioral issues and propel youth into the criminal justice system and families into relinquishing custody. My incentive is love. My inducement is the smile on my daughter's face. My units of service are counted in heartbeats. And my measure of outcomes is the quality of life of our family. We must stop putting a dollar sign or price tag on the heads of our kids. Let's not be misled by system talk and budgets: **OUR KIDS ARE PAYING WITH THEIR LIVES.** Our families are losing everything.

Handouts

Make sure to provide enough copies of your written testimony for all Committee members. Committee clerks will distribute the copies for you. Some Committees have rules about when you must submit written materials. Have extra copies for the press and the general public who attend. In most cases there will be a table where you can leave copies for people to pick up. You can include additional informational materials in your handouts. Briefly tell the audience that these are available. You can reference them during your testimony or read a short excerpt from them if they provide supporting data. Make sure your written testimony has your name and contact information on it. Include your business card with your handouts

NICWA
National Indian Child Welfare Association
Protecting our children • Preserving our culture

ABOUT STORYTELLING
by Ed Edmo

American Indians have been using legends as a way of teaching ever since time began. Legends were told only during the wintertime, because that was the time for teaching, the time the children were inside the longest.

The storyteller was a man or woman who was well respected in the tribe. Sometimes they were parents or grandparents. The storyteller had to know the legends, history, be involved in tribal politics, religious ceremonies and be an excellent child psychologist. The storyteller had to learn to work well with groups and be able to sense the needs of the audience. They could read children by just observing them.

There were many lessons in the storytelling. Trickster stories, for example, have moral teachings. Coyote stories are called "Trickster Legends." Storytelling brings generations together. The elders, parents and children all participate in the storytelling process. There were no generation gaps in Indian culture mostly because social functions were not age exclusive. Storytelling is an example of this.

Most legends stress that one should not be greedy, boastful, or make fun of others, especially elders, and that small beings could outsmart bigger and stronger beings. The legends also encourage older children to watch out for and help younger and weaker children. In this way legends taught the right way to do things.

Old Man Coyote is the most infamous teacher of culture. Old Man Coyote doesn't have an advanced degree from any college, has never sat on a national juvenile delinquency panel, nor has Old Man Coyote been asked to give any position papers at an Indian national conference and yet, Old Man Coyote has been a primary teacher of Indian children throughout the ages.

Many tribes believe that when the world was young and being formed the animals were people. They could talk the same language, reason together, and cause things to change. It was the animal people who had to decide how long winter should be. The animal people went up into the sky to form stars and some became mountains or petroglyphs. This was a "magic time" when the animal people had supernatural powers and could sway the world with change. Many times the animal people misused their power and really got into trouble . . . this was a common occurrence for Old Man Coyote and many of his predicaments are really funny.

Storytelling is essential for proper growth and development of well-rounded human beings who can laugh at life's problems, laugh at themselves, and learn how to overcome problems that come with living.

Storytelling is a non-threatening tool used for teaching children of all ages and all races. Children need to have the learning experience be a joyful; challenging event and storytelling offers that. The following story is a short one, which teaches respect for people:

> *Once there was a young man named "Snake." He would always say, "Hissss" if he didn't like something. One day the people went to another village to hunt, trade and have games. Snake ran a race and lost; he told the other racers, "Hissss!" Then he ate*

something new, maybe salmon eyeball soup; he told the cooks, "Hissss!" Then they sang him a new song; Snake told the singers, "Hissss!"

The people said among themselves, "What are we going to do about that Snake? That Snake, he makes us ashamed to go visit." The Medicine Man said that he had a plan. That night, the Medicine Man cut off Snake's arms and legs, then rubbed some Indian medicine on Snake. All night the men of the village rolled Snake on the ground and sang a magic song. The men of the village rolled him and rolled him and sang the magic song.

Just as the sun was coming up in the east, Snake was long and round. The Medicine Man threw Snake down, and Snake slithered away beneath the villagers' feet. Snakes remember what people did to their ancestor a long time ago. What do snakes say when they see human beings? "Hissss!"

Suggestions for storytelling as part of National Children's Mental Health Awareness Day:

For social marketing and raising awareness of children's mental health issues, we suggest that you locate natural story tellers from the communities that you serve, or are targeting with you systems of care initiative. Ask the storytellers if they can share stories that relate to the themes that you are bringing forward in your National Children's Mental Health Awareness Day activities. Cultural legends can provide powerful metaphors and messages to communities that value the storytelling tradition. There are many books available that have stories from various indigenous cultures, and those can also be a source of metaphors, language and values of various communities and groups that you are trying to reach.

The Power of Data:

Tips for Creating Powerful Data Presentations

Powerful and persuasive data presentations:

Are focused and have clear goals

- The first step is to outline the goal or goals of your presentation. Ask yourself what you want to accomplish with the data. Then use your answer to guide the choice of a format for your presentation, and what data you will present.

For example, you may want to use a different aspect of your data if you are trying to get further funding (such as data showing how increased funding has lead to an increase in the number of service options) than you would if you were presenting the goals of your program to a community organization.

The format that you choose to present in is also important. If your data are complicated, you may want to include a handout with your presentation.

- Determine the type of data that you want to present. Ask yourself what data type or data sources your specific audience will trust. If you are not sure, then present data from a combination of quantitative and qualitative sources if possible.
- Remember, don't try to present too much at once (you don't want to overwhelm the audience).

Are relevant to the audience

- Different audiences have different knowledge levels and interests. Use this to your advantage.

For example, an audience of researchers may be more concerned about the entire research process (such as question wording or data collection methods), whereas governance boards may be more concerned about program findings that can be demonstrated (such as the number of children served in each community and how this has changed). A legislative audience may not be that interested in the inner workings of your program, but may just want to know whether it is effective.

Establish authority

- People will trust your presentation more if you can show that you are knowledgeable about your subject.
- You can show expertise by including a short rundown of your program and experience in the subject area.
- Comparing your data to other reputable sources will also show a breath of knowledge, and help to win over your audience.

Tell a story

- Do not focus on the numbers, but focus instead on the story that the numbers tell.

It is easy for audience members to get overwhelmed by lots of numbers. At regular intervals, pause to summarize your findings to your audience members, and to discuss what it all means to them, or to the individual or organization on which you are presenting data. If the presentation is focused on a group of families engaged in a specific system-of-care program, you may want to make your presentation more personal by putting your data in context. Speaking in general about the meaning of your findings to these families can accomplish this.

- Talk to your audience about the different types of information that you have in different ways.

  For example, descriptive findings, such as who the program is serving and their age, sex, race, income, etc., serve to paint a clear picture of the focus of your data. Other findings, such as data that show the likelihood of families to stay in the service if they have multiple contacts with their service provider, serve to explain the impact of your data.

- Act as a guide through the data:
  - Summarize your general findings in your introduction.
  - Present your findings to the audience.
  - Summarize your findings again before concluding.

Are clear and concise

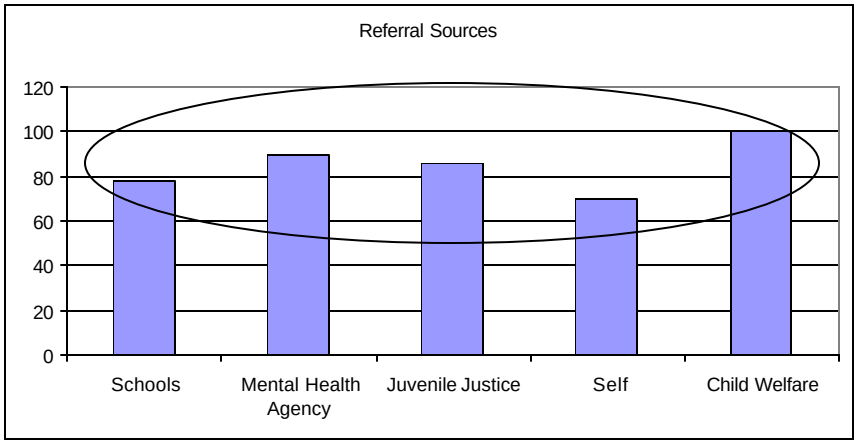
- Match your tone and language (conversational or technical) to your audience.
- Use clear, concise sentences, and try not to force your audience to read too many words on screen.
- Use the active voice as often as possible. For example, instead of saying, "The service *was provided* by the case manager," say, "The case manager provided the service." Doing this can bring life to your presentation.

Use charts and graphs when possible

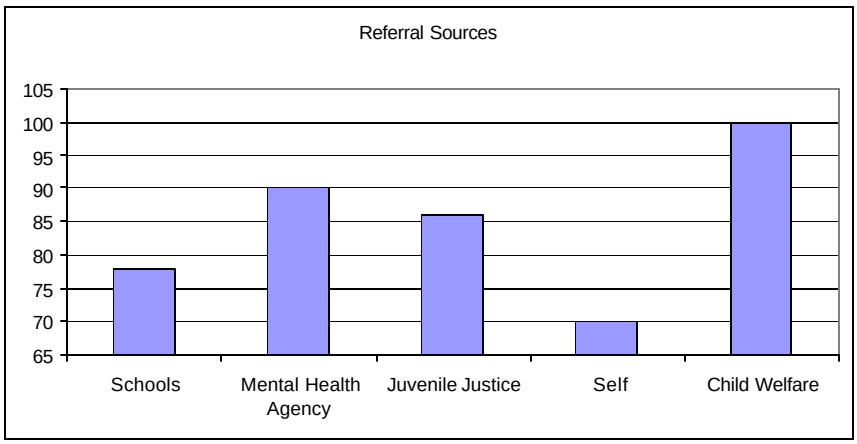
Charts and graphs may not work when presenting a large amount of data, but they usually will help the audience to visualize differences in your findings. Try to keep them simple and self-explanatory.

Graphing Quick Tip

Don't: Show small changes on a graph with a large scale.



Do: Start your scale at a higher point.



Recommended Reading:
Visual Communication By: Paul Lester